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ABSTRACT

Family centers were used to coordinate the delivery of services in the Child and Family Reosurce Program (CFRP) in Pottsville, Pennsylvania, one of 11 demonstration sites in this Head Start-affiliated program. Cooperation between county service agencies was fostered by implementation of a task force whose members were executive directors of the service agencies. Specific areas of the program are described and evaluated: (1) the overall, specific, and operational goals of the program and its components; (2) the planning, startup, and implementation of the program components (social and health services, parent and vocational education, infant-toddler development, and parent involvement); (3) major staff functions, qualifications, and interrelationships; (4) preservice and inservice training programs; (5) recruitment of families and the use of needs assessment procedures; (6) amount and quality of social service agency delivery coordination; (7) materials used with each component; and (8) program cost data (in table form). A general summary of this site's strengths and weaknesses is provided. (ED)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM
POTTSVILLE, PENNSYLVANIA

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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Submitted By:

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Ave., N. W.
Washington, D. C. 20036

June 30, 1975

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SCHUYLKILL COUNTY (POTTSVILLE) CFRP
PROGRAM DESCRIPTION

INTRODUCTION

Schuylkill County is located in Central Pennsylvania, northeast of Harrisburg. The county had a total population of 160,089 in 1970 (US Census data). In January 1972, the school age population (from preschool through grade 12) was 27,961. Need in the county is demonstrated by the high unemployment rate (8.1% in the beginning of 1974) and the high percentage of families living below the poverty level (10.9%).

The Head Start Program goes back a long way in Schuylkill County, to June 1965. Since that time, County officials have been trying to improve their program by serving the needs of as many eligible children and families as possible. The Head Start Program was and still is operated by the Schuylkill County Comprehensive Child Development Program (CCDP). As a countywide program, the Administrator of the CCDP is responsible directly to the County Commissioners and the Schuylkill County Economic Opportunity Cabinet for the operation of Head Start, CFRP, and several day care programs. The Child and Family Resource Program (CFRP) was introduced to Schuylkill County on February 22, 1973. On this date, the community representative from the Office of Human Development Program explained the CFRP concept at a special meeting of the Policy Council of the Economic Opportunity Cabinet. At this meeting, 21 persons representing the target community were present. The outcome was a unanimous vote to apply for funds and submit to the DHEW Regional Office the Questionnaire/Prospectus required from potential sponsors of the CFRP. On March 9, 1973, the Policy Council was informed that their Questionnaire/Prospectus was approved by the DHEW Regional Office. The Council then gave approval for the Comprehensive Child Development Program Administrator, Assistant Administrator, and a parent representative to attend a Proposal Planning Conference being held by the DHEW Office of Child Development in Denver, Colorado.

On March 21, 1973, the Program Administrator explained the CFRP concept to a meeting of Policy Council members and community agency representatives. A unanimous vote was obtained giving approval for the submission of a proposal to obtain a CFRP grant. The CCDP Administrator assigned the personnel to prepare the proposal. During this time, these people were paid their regular salaries which were derived from Head Start and the County Commissioners Day Care Program. The proposal was submitted on April 17, 1973, and the Administrator received official notification of the grant award on May 31, 1973.

I. GOALS AND OBJECTIVES

A. Program Planning and Staffing

According to the County Comprehensive Child Development Program Administrator, the CFEP guidelines and objectives called for the formation of an agency or group to coordinate the services of a variety of agencies. The Administrator thought of CFEP as a "shopping mall" with CFEP coordinating the services of a number of "stores." The Administrator saw CFEP as a chance to reach parents and serve their needs. Prior to this, the Comprehensive Child Development Program had worked with children and only indirectly with parents.

Although no local goals and objectives were added to the national goals and objectives, the Schuylkill County CFEP did make some basic decisions at the very beginning of the planning phase which affected the overall direction of the program. These basic decisions were as follows:

- The program planned to enroll 200 families by the end of the first year. This number is the sum of the 160 families that the children enrolled in Head Start at that time and 40 families (or 25% of the Head Start) required to be referred from other community agencies.

- The CFEP staff was to be hired from within the existing Comprehensive Child Development Program. This decision was made because these people were most knowledgeable about the needs of the community and the families. Also, they had experience working with the various community agencies.

- The target area of the CFEP was planned to be the entire Schuylkill County.

- The program was going to be center-based. That is, in addition to the Head Start Centers which the eligible children were required to attend, the CFEP planned to operate a Center at which a number of activities would take place. These activities would include: a day care program, an infant/toddler program, and a recreational education program for parents. In addition, the Center would be a place for various community agency representatives to meet and provide services to families or individual family members. This last Center activity is important since the families did not like to go into some of the community agency buildings, for example, the Mental Health Clinic. The CFEP Center provided a neutral site for the delivery of these services.

B. Program Implementation

The successful program grant for the Infant and Family Assistance Program in Prairieville is to create and provide a diagnostic and comprehensive infant and family development program service for 300 families. This grant has been divided into 3 sections: 1) comprehensive grants which are those grants for directing the staff's program activities. These components would encompass the various models of implementation, plan the staff duties that are responsive to the personal situations in Prairieville. These require comprehensive grants and extensive hard labors.

1. Social Services

- to assist the families in the full utilization of all available volunteer and community for the purpose of bridging these social issues' locally.
- to coordinate community agencies and assist on meetings of purposes and
- to provide an effective service delivery system for families.

2. Health

- to provide adequate medical, dental, mental health, substance abuse services, and health education for families enrolled in CIFAP, and
- to develop a health and for addressing communities.

3. Education

- to support the provide an the principal advancement initiatives on their children, and
- to provide the process with information, assistance, and training in the areas of child learning.

4. Vocational Education

- to provide consultation and the development of vocational training skills for family assistance in CIFAP.

5. Infant Toddler

- to provide a comprehensive child development program for infants and toddlers in the CIFAP involving parents and to address the unique services and community in the Infant Toddler program.

[illegible]

1 Center Director) are interested in fostering growth in the infants and toddlers in the following areas:

- socialization
- personality development (emotional)
- cognitive development
- physical development
- language development

The program has compiled lists of activities to use with children from ages 0 - 3 to foster development in these areas. Of primary importance is the creation of an atmosphere of warmth, affection, trust and security where a child's needs can be met each day. Equipment and materials are provided to stimulate a child's imagination, curiosity, and interest.

In cooperation with the Infant/Toddler component staff, training is provided in prenatal care at the Infant/Toddler Center for wed or unwed mothers to be. This training is provided by the medical staff and includes:

- counseling services;
- instruction in nutritional requirements during pregnancy and lactation;
- specifics of labor and delivery presented through use of films, slides and books;
- training in formula preparation, bathing care for a new born, immunizations, and developmental stages of an infant.

All instruction is given at the Infant/Toddler Center. Arrangements have been made for unwed teenagers to receive high school credit for their involvement in the prenatal care program.

4. Education

The primary goals of this component are to support the parents as the prime educators of their children and to help the parents realize that they hold this important position. There is an emphasis on providing the parents with information, resources and training in the area of child rearing. Home visits and workshops are provided to enable parents to identify materials and gain experiences that can be used in the home. Parents are encouraged to participate in activities both in the classroom and at home in order to utilize and reinforce the educational concepts observed.

The following educational services are provided for the children:

- Head Start Program
- Title IV-A Day Care Center Program
- Title IV-A Home Day Care Program
- Infant/Toddler Program

A home-based program was added in August, 1974. Four Home Visitors see from six to eight families each week to help strengthen family ties and aid parents in their role as the primary educators. Home visitors introduce toys, banks, games, and creative experiences that provide parents experiences in child development in the home. The Visitors also help the parents make their own instructional toys. They hope to teach the parents ways to effectively interact with their children.

5. Vocational Education

The primary component goal is to develop the family unit to its highest potential and encourage the individual family members to function as important parts of the unit. Priorities for the component are: socialization, interaction, parental involvement and vocational skill development. A teacher, Aide, and Cook compose the staff of this component. The Teacher, in addition to working with the children, instructs the parents in child development games and activities. The Aide assists the Coordinator in helping parents with their skill development. The Cook prepares Center meals and helps instruct parents in food preparation and cooking methods.

Parents are offered training in the following hobbies and vocational skills: sewing, knitting, crocheting, embroidering, needlepoint, ceramics, candlemaking, woodmaking, carpentry, upholstering, antiquing and leathercraft. Career education offerings also include programs in cosmetology, hair styling, business, data processing, nursing, adult education, GED (Graduate Equivalency Diploma), and CLEP (College Level Examination Program). The Resource Coordinator works primarily on these career education programs and attempts to help parents find the right outlet for fulfilling desires for adopting careers. One of the most important results of the program, as she sees it, is the sense of accomplishment and achievement which parents experience through program involvement.

6. Parent Involvement

The Social Service Director also serves as Parent Involvement Coordinator. According to the Coordinator, the main goal of this component is to encourage parents to become actively involved in the Child and Family Resource Program.

Parents are invloved in the CFR Program through participation in the following activities:

- Involvement in the Vocational Education Programs - held weekly in each CFRP Center;
- Parent Monthly Meetings - local Board meetings are held monthly in each Child Care Center; two representatives from each Board form the Policy Council which also meets monthly. The Policy Council has input into decisions made concerning the budget, proposal, and education programs for the children;
- Parent - Teacher Conferences - held at least twice a year;
- Field Trips - Community oriented - e. g. to Harrisburg, to meet legislators; to outlet buying store to show them how to choose good materials;
- Home Visits - parents are directly invloved in their needs assessment and have the opportunity to present their cases to the Mini-Assessment Teams.
- Vo-Tech School - some parents are involved in career development by enrolling in courses to learn nursing, business skills, cooking, cosmetology, auto mechanics, carpentry;
- Home Study Courses - Some parents are invloved in the following courses:
    - Basic Adult Classes (local school districts)
    - Community College
    - Home Workers Club
    - Home Extension Office - Penn State University
- Volunteer Services - some parents volunteer in classrooms and also at the CFRP Centers to help with Center activities.

In summary, it appears evident that much effort has gone into implementing the component activities and services set up during the Planning and Startup Phase. General plans have been translated into the provision and expansion of services for both children and parents in the CFRP.

III. STAFF

A. Program Planning and Startup

Prior to CFRP, Schuylkill County had a fully staffed and operating Comprehensive Child Development Program in existence. This program operated the Head Start Programs and three Day Care Programs in the county. When it came time to plan for a staff for the CFRP, it was decided by the Program Administrator that the staff for the CFRP should come from within the existing program. The reasoning for this was that since CFRP was a new demonstration program, it would be important to use staff members who were experienced in working with families and community agencies and were also familiar with the philosophy of CFRP and the types of problems that would be generated.

During the planning phase the staffing of the CFRP was designed as follows:

Comprehensive Child Development Program Administrator	Comprehensive Child Development Program Assistant Administrator
CFRP Coordinator	Social Service Director and Parent Involvement Coordinator
Health Coordinator	Education Coordinator
Vocational Coordinator	Infant/Toddler Coordinator
Nurses	Social Workers
Social Service Aides	Teachers
Teachers Aides	

The functions of the staff were to be as follows:

1. Comprehensive Child Development Program Administrator

This person has total responsibility for the program. She supervises all work and is responsible for fiscal management. In the county organization, she is responsible to the County Commissioners.

2. CFRP Coordinator and Assistant Administrator

These two staff members have the following responsibilities:

- Supervise head of center and prepare reports on effectiveness of center activities for review by the Administrator.

- Formulate, maintain, and provide for continuous in-service programs for the teaching staff. Meet with Center Director to evaluate the effectiveness of the program using such criteria as each child's progress, staff performance, interagency relationships, and the overall objectives of the program.

- Review the performance of individual Teachers and make necessary reports to the program administrator either in writing or through conferences.

- Confer with the administrator about existing policies and programs and the development of effective future programs.

- Administrates the program, supervise and assign staff duties in respect to the care of children, maintenance, meal preparation, janitorial services, and transportation, if provided, to assure that all phases are adequately covered.

- Insure maintenance of records and reports required by DHEW.

- Plans schedules and coordinate the activities, staff, and organization of the various Centers.

- Direct orientation for the professional staff.

- Perform related work as directed by the Administrator.

3. Social Workers

The responsibilities of the Social Workers were to:

- Obtain or supervise intake studies on families applying for services.

- Assist the parents to prepare their children for Head Start and the constructive use of Head Start.

- Maintain case records.

- Assist in the in-service training of para-professionals.

- Assist in the development of volunteer participation and parent participation in the Center's activities.

- Review individual records of children and their families to determine need for social services.

- Make necessary referrals to appropriate health and welfare agencies to obtain such services that may be necessary to the general well-being of the child or family members.

- Perform related work as required.

4. Social Service Aide

The responsibilities of the Social Service Aides were to:

- Recruit new enrollees.

- Explain the program to parents of prospective enrollees and assist these parents in completing the necessary application and intake procedures.

- Be guided and supervised by the professional staff in matters between the center and the children's families.

- Visit the homes of children enrolled in the Head Start Center and encourage parents to become involved in the program. Also encourage parents to obtain necessary follow-up medical and dental care for their children.

- Coordinate Head Start - Center relationships.

- Provide transportation when necessary for children enrolled in program to various clinics, hospitals, agencies, doctors, etc.

- Relate information about the general home environment and problems that may exist in the home to the Social Worker or to other members of the professional staff.

5. Nurses

The responsibilities of the Nurses were to:

- Review the preliminary medical exam performed on each child prior to his admission and formulate a medical record on each child including a medical history.

- Maintain a comprehensive health record on each child.

- Discuss specific children with health care problems with the appropriate staff members.

- Develop an adequate immunization program and insure that it is carried out for every child.
- Arrange for medical and dental screenings including hearing tests and speech evaluations.
- Develop and maintain a health education program for parents.
- Develop and maintain a personal hygiene program for children.
- Make necessary referrals to appropriate clinics for children with special health problems.
- Dispense medications if directed and prescribed by a licensed physician in writing.
- Label prescribed medications with the child's name; keep it out of reach of other children; return it to parents or discard it when no longer needed by the child.

The responsibilities of the other staff were not defined in the proposal; however, it was planned that they would expand their existing duties within the Comprehensive Child Development Program to include CPHP.

Since the Administrator, Assistant Administrator, Social Service Program Development Coordinator, Education Coordinator, and the Social Services were all present employees of the Comprehensive Child Development Program, they just took over their additional CPHP responsibilities after the grant was signed. The CPHP Coordinator was on board, however, until seven days after the first family was enrolled.

9. Program Implementation

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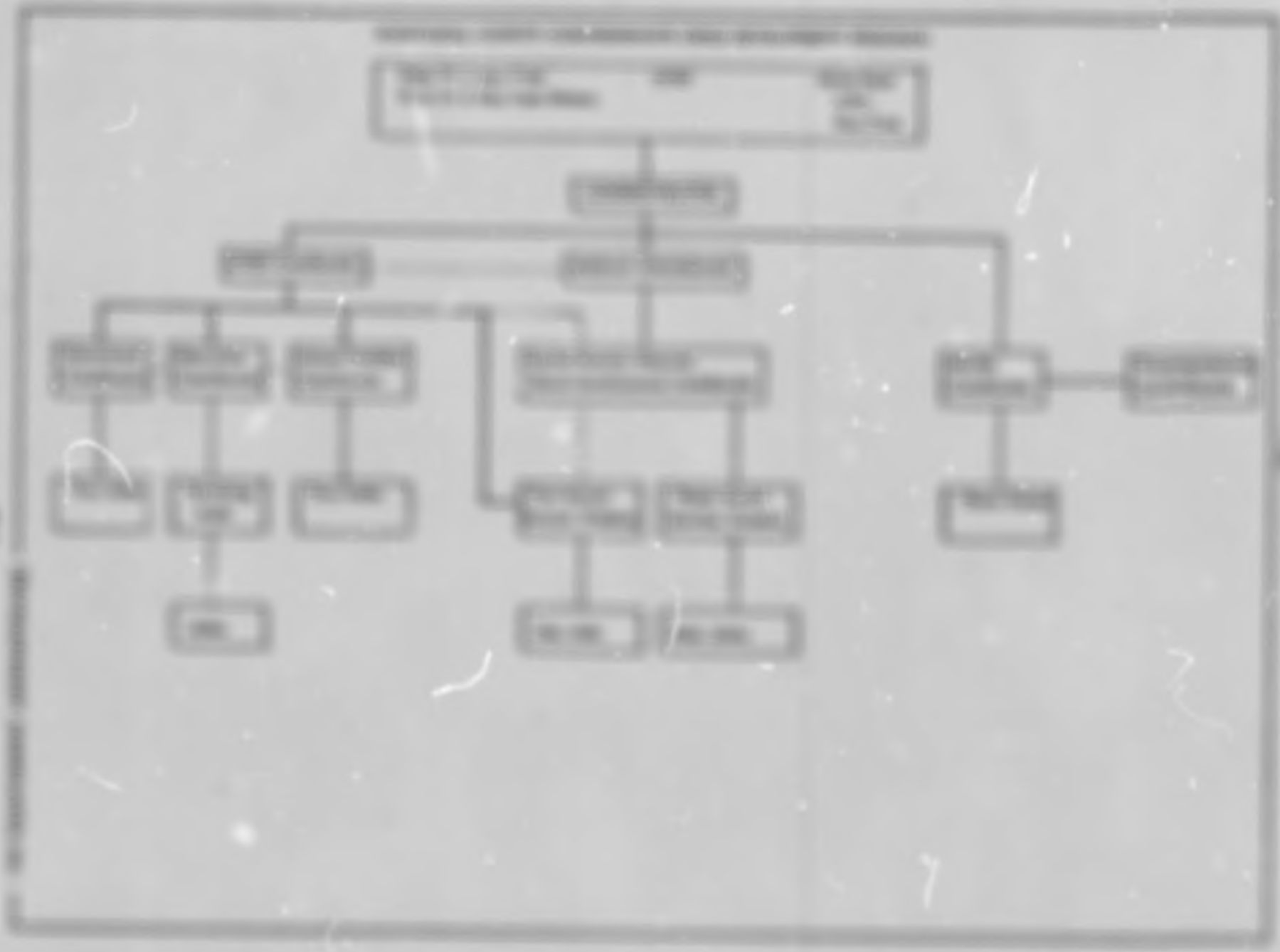

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- Nutrition - October 1974.
  Participants: teachers, aides, social service staff, parents, day care home mothers, nurses.

- Identification of Speech Problems - November 1974.
  Participants: teachers, aides, parents, nurses.

- Mental Health/Mental Retardation Services - December 1974.
  Participants: teachers, aides, social service staff, parents, nurses.

- Hearing Problems and Treatment - January 1975.
  Participants: teachers, aides, parents, nurses.

- Dental Education
  Participants: teachers, aides, parents, social service staff, nurses.

- Pre-Natal, Post Partum, Newborn and Infant Care
  Participants: pregnant teenagers and parents - Monthly at CFRP centers.

- Health Time - designated by parent groups.
  Participants: Head Start Parent/Social Service staff (involves general health procedures such as first aid, how to recognize disease symptons, immunizations, making appointment at family planning clinic, if desired).

3. Education

Pre-Service:

- Use of Aides and Volunteers - September 1974.
  Participants: total staff and parents.

- Classroom Preparation - September 1974.
  Participants: teachers, aides, parents.

- Science Concepts for Early Years - September 1974.
  Participants: teachers, aides, parents.

In-Service:

- Music - October 1974.
  Participants: teachers, aides, parents.

- Language and Speech Development - November 1974.
  Participants: teachers, aides, parents, social service staff.

- The Value of Play - February 1975.
  Participants: teachers, aides, parents, social service staff.

- Learning Disabilities - March 1975.
  Participants: teachers, aides, parents, social service staff.

- Home Involvement - April 1975.
  Participants: total staff and parents.

4. Parent Involvement

Parents are involved in many of the training workshops listed under the above components. In-service sessions given especially for the parents are:

- Family Planning - December 1974.
  Participants: parents and staff.

- Immunizations and Nutrition - January 1975.
  Participants: parents and staff.

- Educational Aides - March 1975.
  Participants: parents.

- Nutritional Meals - April 1975.
  Participants: parents and staff.

In-service workshop participants are given in-service rating forms to be filled out after each workshop. CFRP staff members answer two questions and parents answer four questions. Participant responses are tallied by the Education Coordinator to be used for training evaluation purposes (see rating forms on pages 26 and 27).

SCHUYLKILL COUNTY COMPREHENSIVE CHILD DEVELOPMENT PROGRAM

IN-SERVICE RATING FORM

In-service Topic_____

Date_____

Directions: Using the following scale, rate the in-service session(s) on items one through six according to your impression at this time. Your candid comments will be greatly appreciated.

	NO	SOMEWHAT	YES
1. In your opinion, were the topics covered in a realistic and meaningful manner?	_____	_____	_____
2. A. Child Development Staff: In your opinion, were the ideas presented applicable to your daily working situation?	_____	_____	_____
B. Parents: In your opinion, were the ideas presented useful to you?	_____	_____	_____
3. In your opinion, did the presentation serve to change or modify your perceptions regarding the topic(s)?	_____	_____	_____
4. In your opinion, did the presentation(s) cause you to think about or be more interested in the topics?	_____	_____	_____
5. In your opinion, was the meeting worthwhile?	_____	_____	_____
6. In your opinion, do you need more training in this area?	_____	_____	_____

COMMENTS: Use other side if needed.

NAME (optional)_____

CHILD DEVELOPMENT SUMMARY OF IN-SERVICE RATING

IN-SERVICE TOPIC (S) _____

DATE _____

THE PURPOSE WAS TO (check one)

_____ 1. Develop skills

_____ 2. Increase knowledge

_____ 3. Change attitudes

THE ORGANIZATIONAL STRUCTURE WAS

_____ 1. Small group

_____ 2. Large group

_____ 3. Combination of both

_____ 4. Speaker or Instructor

Briefly describe goals for the meeting, activities, name of presentee(s), your impressions of the meeting. _____

_____

_____

_____

TALLY OF PARTICIPANTS RESPONSES TO THE MEETING

	NO	SOMEWHAT	YES
QUESTION # 1.	_____	_____	_____
QUESTION # 2A.	_____	_____	_____
QUESTION # 2B.	_____	_____	_____
QUESTION # 3.	_____	_____	_____
QUESTION # 4.	_____	_____	_____
QUESTION # 5.	_____	_____	_____
QUESTION # 6.	_____	_____	_____

V. INDIVIDUALIZATION

A. Recruitment of Families

1. Program Planning and Startup

Families were to be recruited from all of Schuyktill County. The initial plan was to enroll 80 families as quickly as possible from within the existing Head Start and Day Care programs. By the end of the first year, the plan was to increase the number of families to 206. This number would be the total number of Head Start families (165) plus an additional 25% to be referred from other agencies. Head Start families were contacted before the proposal was submitted. They were told about the CFRP concept and asked if they were interested. In this way, the CFRP had a list of tentative enrollees before the grant was funded.

Once the grant was signed, the CFRP staff talked to families that had expressed interest previously. In-depth discussions were held with these families to explain the program and get them to enroll. Families referred by the community agencies were also contacted and the program was explained to them. Once the families agreed to participate, an intake form was used to collect essential general and needs data from them. Since the program had a list of interested families before the grant was signed, initial recruitment was no problem and the first family was enrolled in a matter of days.

2. Program Implementation

Recruitment of families during the Implementation Phase followed the original plan developed during the Planning and Startup Phases. CFRP families were initially recruited from the existing Head Start and Day Care enrollment files. Service agency referrals comprised the remainder of the slots needed to reach the enrollment goal of 206 families. As present, families are also referred by word of mouth from family to family, or by CCDP staff members. All referrals are followed up by the Social Service staff through the direction of the Social Service Director and the CFRP Coordinator.

The followup procedure begins with the initial contact being made by a Social Worker or Social Worker Assistant. The CFRP program is explained to the family and if the family shows interest in the program, intake and family needs forms are completed during the home visits. Selection process criteria are:

- extent of family needs for program; and
- eligibility (legal, income, program guidelines)

Thus begins the important process of family needs assessment.

B. Needs Assessment

1. Program Planning and Startup

The plan for assessing the needs of families and children called for the use of a revised edition of the intake form that was currently being used by the Comprehensive Child Development Program. The following data were collected on this revised form:

Father: physical appearance and manner, family background, education, employment, health care, economic situation.

Mother: (Same as for father).

Children: Chronological development, physical appearance, health, relation with other siblings.

Others in Family.

Home Condition: Neighborhood, housing, housemanagement and feeding.

Precipitative and Long Range Problems.

Impressions.

Suggested Goals and Methods.

It was planned that the data would be collected by the staff social workers or social service aides during individual interviews with families. The data would then be presented to a Task Force which would sit as a group, review the data, and then decide which agencies could provide the appropriate services to meet each family's or child's need. It was planned that the Task Force be an official advisory body created by the County Commissioners with members appointed by them. The members of the Task Force were to be the Executive Directors, or the equivalents, of the community agencies that had agreed to participate in the CFDP project. The selection of the Executive Director or equivalents, was made purposely in order to make the Task Force as strong as possible. With the Executive Director making the decisions as to which agencies would be providing the specific services to families, it was felt that the efficient delivery of these services would be assured.

As far as providing for individualization of services to families and children, individual plans were to be prescribed for each family or individual by the Task Force during their regular meeting. The agencies were then to be left to themselves to design their own methods or programs. However, most services were to be individualized to meet the needs of the particular family or child.

4. Program Implementation

The CSBG program serves individual families through the needs assessment process. When the CSBG program was initiated, the original plan called for weekly meetings of a task force to assess and prioritize family needs. The task force was comprised of the directors of the community agencies which had agreed to participate and offer services to CSBG families.

After almost a year of operational experience the task force members decided it would be more useful to set up two small assessment teams made up of the directors of the service agencies and meet once by the program. This change was made in September, 1978, and in effect, these assessment teams are sub-committees of the larger task force. The assessment teams meet monthly and the larger task force meets quarterly. Assessment team members and central representatives from the following agencies:

Catholic Social Agency (1 representative)
Department of Public Welfare (2 representatives)
Mental Health/Mental Retardation (2 representatives)
Children's Services (1 representative)
Family Service Agency (1 representative)
Alcoholism and Drug Counseling Center (1 representative)

Agencies represented on the task force apart from the assessment teams are:

Bi-County Intermediate Unit # 28
Exceptional Children's Program
Bureau of Employment Security
Manpower Agency
United Cerebral Palsy
Home Enterprise (Economic)
Public Health (Nurse)
Bi-County County Court House
County Federal Projects Coordinator and Director
Office of Economic Opportunity
Department of Community Affairs
Career Underwear Company

Another area of change in the assessment procedure involves the information collection instruments. A Medical Check List form was added to be used during the information intake process. Other assessment forms (CSBG needs form, mid-visit sheet, and needs questionnaire) were modified as the program developed. Questions and categories were added because the assessment teams and social service staff members felt that the forms were incomplete.

Needs assessment forms are constantly being updated and are reviewed after

[illegible] [illegible] [illegible] [

[illegible]

[illegible]

Client's Name: _____

Referred to: _____

Referred by: _____

Date: _____

Reasons for Referral: _____

_____

_____

_____

_____

Disposition: _____

_____

_____

VI. COORDINATION

A. Program Planning and Startup

The Program Administrator took the responsibility for obtaining the participation of the community agencies in the CFRP effort. She called the directors of the various community agencies in the county, explained the CFRP concept, and tried to obtain their cooperation in the effort.

The people in Schuylkill County who planned the CFRP realized from the very beginning that the cooperation of the community agencies was a vital part of the CFRP concept. If sufficient cooperation was not obtained, the whole system would break down. In order to obtain this cooperation, the Directors of the community agencies were invited to participate in the planning effort from the very beginning.

One aspect of the coordination process was to have the Directors of the community agencies participate as members of the Task Force. (discussed in Section V) This stimulated their cooperation in that they had input to the assessment efforts, discussions as to which agencies should serve each family, and made commitments to their peers to provide certain services.

B. Program Implementation

Agency cooperation has been the rule rather than the exception in Pottsville. The CFRP has strengthened the coordination between agencies by establishing the task force comprised of Directors of community agencies. The Schuylkill County Commissioners are also facilitating the coordination process by working closely with the agencies in the task force. The functioning of the task force within CFRP results in a constant flow of information and communication which enables the CFRP staff and community organizations to work as a team county wide. The task force also minimizes duplication of services. The coordination provides for an effective service delivery system.

The mini-assessment teams under the task force enable the agencies to work closely with the CFRP staff on the needs assessment process. The teams review cases and decide how to best meet each family's individual needs. Agencies share information with each other as to what services they provide.

One apparent problem in this area relates to the followup process. Agency representatives indicate that, at times, there is a breakdown between the point of assessment and the agency evaluation provided the CFRP staff. In such cases the CFRP family workers are not always aware of what the agencies have recommended for a family, since they are not usually directly involved in presenting the family cases to the assessment teams. In essence, the agencies expressed a need for a more effective system to provide the family

workers with full information about the intent and scope of services recommended by the assessment teams. This problem was discussed at the Winter 1975 Task Force meeting; plans are being made to develop a form which has more detailed information. This would help the assessment teams and the individual workers. It will be the responsibility of the CFRP administrative staff to make sure that the important information is disseminated.

Several community agencies provide special services to individual component areas. For this reason, agencies will be listed under the following general headings:

Health (including Handicapped and Infant/Toddler); Education; Vocational (including Career Education); Social Services; General (listing additional agencies serving the CFRP).

Many agencies serve all components and all would normally be used by the social service staff during the needs assessment and referral process.

1. Health

- Health Advisory Committee helps coordinate component services by reviewing and approving health policies and procedures. The committee also helps to mobilize community resources;
- Pennsylvania Department of Health provides doctors and sites for medical physical exams; health information and resources; family planning clinic;
- Sun Vo-Tech Dental Program provides dental followup for families;
- Mental Health/Mental Retardation provides help with psychological services; in-service training;
- United Cerebral Palsy provides counseling; an infant stimulation program; in-service training; physical speech and occupational therapists; use of psychologist;
- Pediatric Consultant provides reevaluation of children who show signs of underlying problems;
- Dental Consultant provides information and resources for the dental component;
- Home Extension Office provides nutrition education; home making services; use of economist;

- Geisinger Medical Center provides audiological and speech evaluation; speech and hearing therapy;
- Pennsylvania Association for the Blind provides eye exams;
- Elizabethtown Hospital for Crippled Children provides neurological exams; braces; operations; clinic services for evaluation and examination; training and counseling for parents and CFRP staff;
- Schuylkill Society for Crippled Children provides orthopedic exams; prescribes and provides special shoes;
- Psychologist (state employee working at University of Scranton) visits centers weekly to evaluate children; provide in-service training to parents and staff.

2. Education

- Manpower Agency provides funds for Teachers and Aides who work with the program; Music Coordinator visits Teachers once a week;
- Department of Public Welfare provides a child psychologist once a week; psychological services and testing;
- Schuylkill County School District provides a Speech Therapist; food services;
- Pennsylvania State University provides volunteers in early childhood programs who receive college credit for their services.
- Head Start and Day Care Programs provide educational services to children ages 3-5 years.

3. Vocational

- Manufacturers Association donates supplies for use in the CFRP centers.
- Pennsylvania Home Extension provides nutritional services; representatives teach homemaking skills in the homes.
- Senior Citizen's provides instruction in crafts and skills.
- Alcohol and Drug Abuse Center provides informal counseling and discussion sessions at the centers.

- Intermediate Unit runs vocational and technical schools in the county; sets up courses for the GED exam.
- McCann School of Business provides typing and clerical training for parents.
- Bascov's Department Stores provides hair styling and grooming sessions at the centers.
- Empire Beauty School conducts a nine month cosmetology program.
- Department of Public Assistance runs the WIN program; provides funds for parent training.
- Manpower Agency subsidizes training programs, e.g., training in licensed practical nursing.

4. Social Service

- Children's Services of Schuylkill County provides protective services; foster care; homemaker services; adoption; child abuse; medical services.
- Catholic Social Agency provides counseling; supplementary clothing or food assistance; referral service; foster care; adoption services.
- Department of Public Assistance provides old age assistance; aid to dependent children; aid to disabled; assistance for the blind; medical assistance; private and public nursing home care; school medical assistance; food stamp program.
- Family Service Agency provides counseling in marital discord, parent child conflicts, stress problems.
- Economic Opportunity Cabinet of Schuylkill County runs Neighborhood Youth Corps; Head Start; provides emergency food and medical services; community development for rural aging.
- Pennsylvania State Employment Service provides employer services; applicant services.
- Chamber of Commerce provides community development, business promotions and aid; solicitation control; new resident's orientation; statistics bureau.
- Public Employment Program provides job-related training and manpower services; referrals to jobs; vocational and career counseling.

5. General

American Cancer Society
Arthritis Foundation
Benevolent Assn. Home for Children
Coaledale State General Hospital
Easter Seal Society for Crippled Children
Good Samaritan Hospital
Housing Authority of Schuylkill County
Jewish Community Center
Bureau of the Visually Handicapped
Pa. Dept. of Environmental Resources
Salvation Army
Tuberculosis and Respiratory Diseases Association
Visiting Nurse Association
American Red Cross
Ashland State General Hospital
Catholic Youth Organizations
Department of Veterans Affairs
F.R.A.N.T.I.C. (Family Services Available now to Individual Citizens)
Heart Association
Human Relations Commission of Pottsville
Muscular Dystrophy Assn. of America, Inc.
Bureau of Vocational Rehabilitation
Reading Institute of Rehabilitation
Social Security Administration
United Labor Council of Schuylkill County
Warnersville State Hospital

One of the most important factors influencing agency coordination in Pottsville is the representation of most of the agencies on the task force. This association has resulted in some changes in their service delivery procedures. When the agencies meet to discuss policies and procedures, some procedures are changed if a duplication of effort is ascertained. Agencies work together to provide services and most are willing to add or change procedures if deemed worthwhile.

VII. MATERIALS

A. Program Planning and Startup

No problem was experienced in obtaining office space for the CFDP staff since the existing offices of the Comprehensive Child Development Program were used. The main problem, however, was finding a location for the CFDP Center. The Administration met with the County Commissioners and the Economic Opportunity Council and discussed the target areas and the program needs regarding a center. One significant factor in the center's location was the availability of transportation. A site was finally chosen which required minimum costs for renovation in order to comply with the various Health and Labor Department regulations. The center was not operational, however, until after the enrollment of the first family since various delays were experienced in getting the necessary work completed. As far as equipment was concerned, purchases were made to provide for the needs and wants of the parents and children. For example, equipment was purchased for the program's recreation component for the Infant/Toddler Program. No significant problems were experienced here.

B. Program Implementation

The Comprehensive Child Development Program offices are located in the Bache Allen Hotel in Pottsville. CFDP staff work out of these offices. Some staff members are finding it difficult to work in the facility since several staff members share small offices. This problem has not yet been resolved as the CAP agency is hesitant to allocate more funds for office space. The principal CFDP Center is located in the church of the Nazarene in Pottsville. The Center is open daily and houses the Infant/Toddler Program. Two other centers, open one day a week, are located in Mahanoy City and Shenandoah. These centers make it easier for parents to attend the recreational education programs.

Program materials are purchased on the need basis. Most of the materials in the Health Component are used for activity and cooking purposes. The Infant/Toddler component materials are used to enhance fine motor skills and for the care and protection of the children (e.g., cribs, playpens). Materials for the Education Component encourage the physical, emotional, and cognitive development of the children. Parents are provided Vocational Education Component materials to support their baby observers and to further their educational pursuits. No special materials have been purchased for the Social Service or Parent Involvement Components.

Training resources for all categories include:

(a) [illegible]
(b) [illegible]
(c) [illegible]
(d) [illegible]

The [illegible] materials used for each component are listed below:

1. [illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

2. [illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

3. [illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

[illegible]

CATEGORICAL COST DATA FOR I & S
Category

Categorical Cost Report

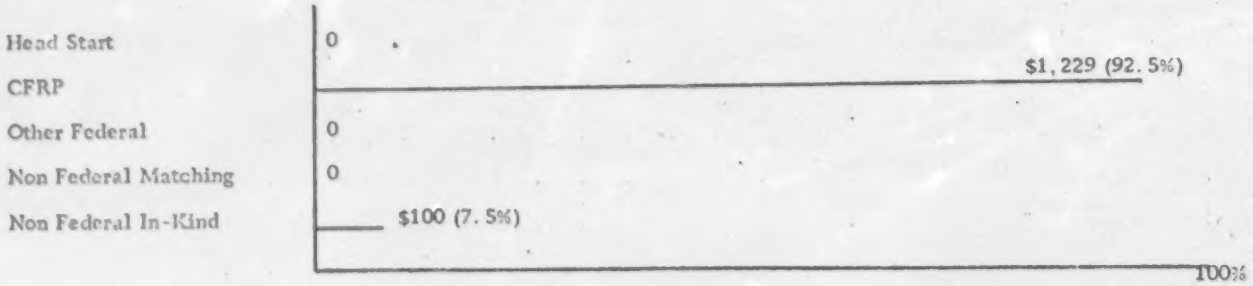
OMB No. 885-S-74012
Approval Expires: 30 June 1975

Potteville

Item	Grant Funds		Other Fed. #		Matching		Donated		Total	
	Federal Share	Matching	Federal	Matching	Federal	Matching	Federal	Matching	Federal	Matching
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Personnel										
Salaries and Wages			1,805						1,805	
Fringe Benefits										
Consultants										
Volunteers										
2. Facilities										
Space										
Equipment										
Furniture										
3. Staff Training										
4. Materials (Nonexpendable)										
5. Consumable supplies										
Food										
Other (specify)										
Medical & Dental				32						32
Medical Emergency				15						15
6. Contract Services (Specify)										
Medicaid Payments 101,574										
7. Travel										
TOTALS			1,805	47					GRAND TOTAL	
Grand total amounts from each source:			1,852						1,852	

CS

VALUE OF
MENTAL HEALTH SERVICES (1.2)



Total: $1,329 1.4% of Total Program Value for Period

Data on the total dollar value (from all available sources) of Mental Health Services provided by Pottsville CFRP during the study period is presented in the graph above. Mental Health Services for the purpose of this study are described as those services which address the following objectives:

- assist all children participating in the program in emotional, cognitive, and socail development toward the overall goal of social competence in coordination with the education program and other related component activities;
- provide children with special needs with the necessary mental health services which will ensure that the child and his family achieve the full benefits of participation in the program;
- provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment;
- provide for prevention, early identification, and early intervention in problems that interfere with a child's development;
- develop a positive attitude toward mental health services and a recognition of the contributions of psychology, medicine, social services, education, and other disciplines to the mental health program; and
- mobilize community resources to serve children with problems that prevent them from coping with their environment.

CATEGORICAL COST DATA FOR 1.2 (Category)

Pottsville

OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Source: Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching * Fixed Amount	Non-Fed. Matching * Variable Amount	Non-Fed. In-Kind * Fixed Amount	Non-Fed. In-Kind * Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel												
Salaries and Wages			725								725	
Fringe Benefits												
Consultants										100		100
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food												
Other (specify)												
6. Contract Services (Specify)												
psy testing				504								504
Medicaid Payments												
7. Travel												
TOTALS			725	504							GRAND TOTAL	
Grand total amounts from each source:				1,229						100		1,329

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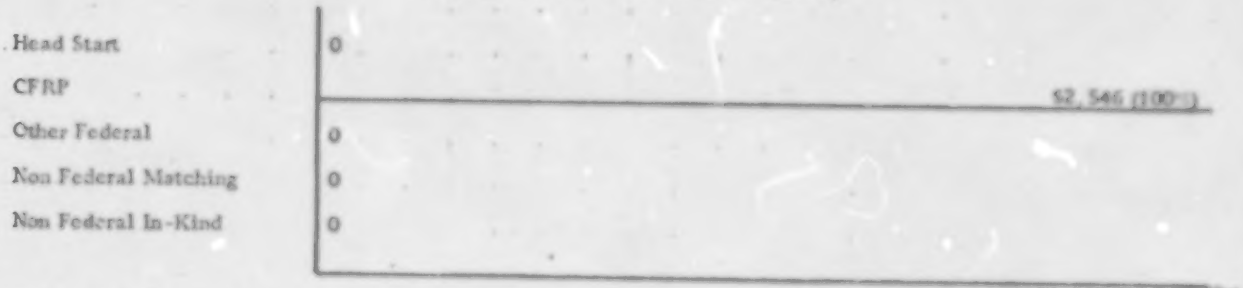
VALUE OF NUTRITIONAL SERVICES (1.3)



Total: $2,546 2.6% of Total Program Value for Period

The data collected and presented on the graph above is the total dollar value (from all available resources) of nutritional services provided by Pottsville CFRP. These services are those which serve to meet the following objectives of the health services component of the programs:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by each program during the study period is not included in this chart.

Categorical Cost Report

CATEGORICAL COST DATA FOR 1.3 Category

OMB No. 055-R-74013
Approval Expires: 30 June 1975

Pottsville

Item	Direct Costs		Indirect Costs		Subtotal (A + B)		Management Decisions		Depreciation or Rental		Totals	
	Federal Share	Grantee Share	Federal Share	Grantee Share	Federal Share	Grantee Share	Federal Share	Grantee Share	Federal Share	Grantee Share	Federal Share	Grantee Share
1. Personal												
Salaries and Wages			1,191								1,191	
Fringe Benefits												
Consultants												
Travel												
2. Facilities												
Space												
Equipment												
Services												
3. Staff Training												
4. Supplies (Expendable)												
5. Procurement Contracts				1,191								1,191
Food												
Other Contracts												
6. Relocation Expenses (Families)												
Individual Payments												
7. Other												
TOTALS			1,191	1,191							2,382	
			2,382								2,382	

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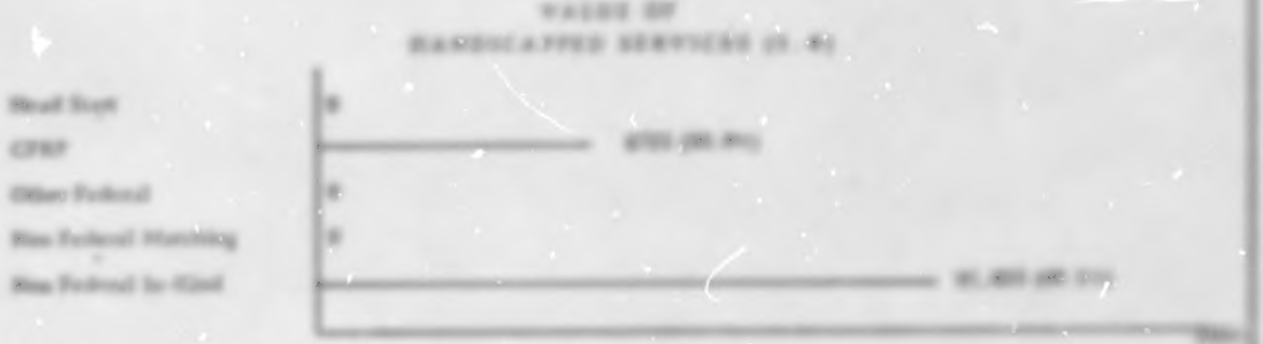
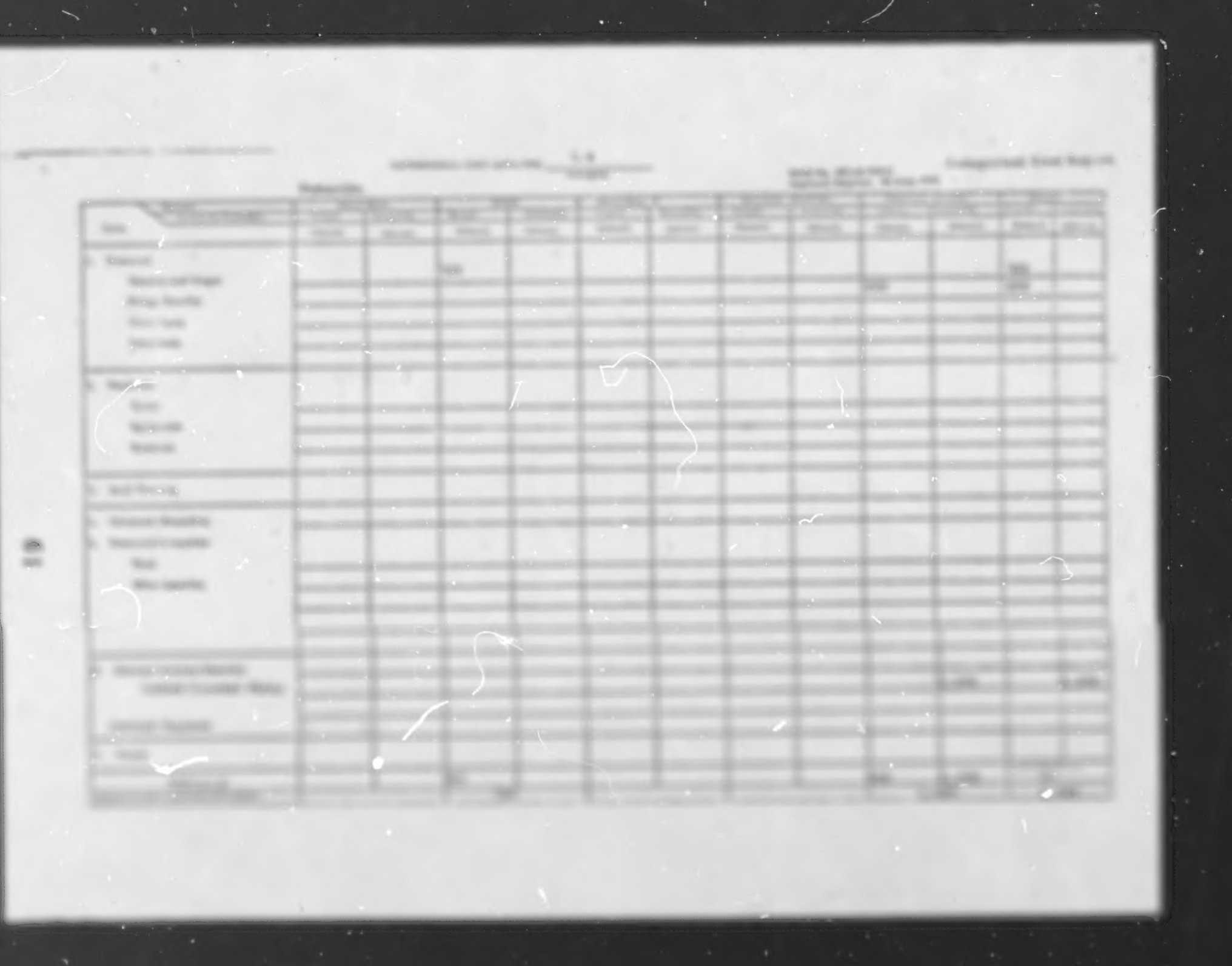


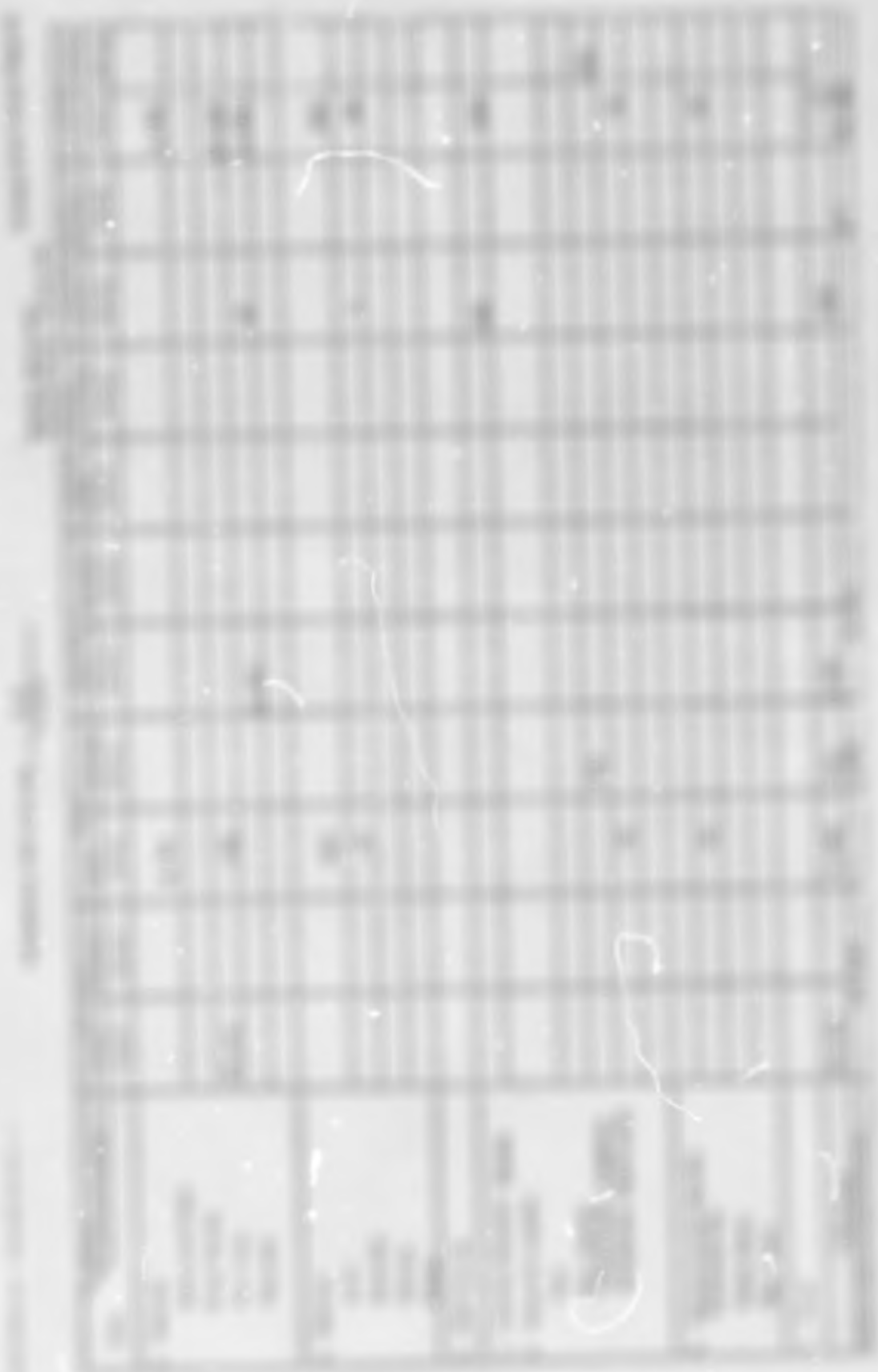
Total: $2,950 U.S.$ at Total Program Value for Period

The data presented in the graph above indicate the total dollar value (from all available resources) of program services provided by the Rehabilita CFRP during the study period which addressed the following general objectives of the program:

- provide handicapped children and children with special needs with the necessary mental health services which will ensure that the child can fully achieve full benefits of participation in the program.



- [illegible]
- [illegible]
- [illegible]



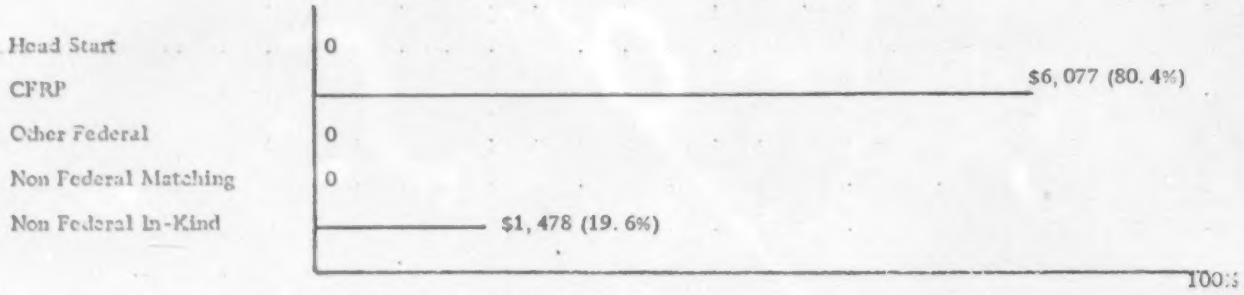
CATEGORICAL COST DATA FOR 5.0 Category

OMB No. 185-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Federal Share		CHIP		Other Fed. *		Non-Fed. Matching		Non-Fed. Share		Total	
	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount
1. Personnel			2,349								2,349	
Salaries and Wages												
Fringe Benefits											150	
Consultants			150		737						737	
Volunteers												
2. Facilities			77								77	
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food												
Other (specify)											153	
Training supplies			153									
6. Contract Services (Specify)												
Medicaid Payments											1,266	
7. Travel & Per Diem			1,266								GRAND TOTAL	
TOTALS			3,995		737						4,732	
Grand total amounts from each source			3,995		737							

VALUE OF
ADMINISTRATION ACTIVITIES (6.0)



Total: $7,555 7.8% of Total Program Value for Period

The graph above indicates the total dollar value (from all available resources) of program administration activities by the CFR program during the study period. For the purpose of this study, program administration activities are described as those activities which relate to the following functions:

- program management and organization;
- property management which includes records, procurement policies, and procedures;
- financial management; and
- personnel management.

CATEGORICAL COST DATA FOR ____ Category 6.0

Pottsville

OMB No. 085-S-74013
Approval Expries: 30 June 1975

Categorical Cost Report

Item / Source: Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching * Fixed Amount	Non-Fed. Matching * Variable Amount	Non-Fed. In-Kind * Fixed Amount	Non-Fed. In-Kind * Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel												
Salaries and Wages			4,094								4,094	
Fringe Benefits												
Consultants												
~~XXXXXX~~ Fiscal Mgr.									350		350	
Task Force									1,050		1,050	
2. Facilities												
Space			750						40		790	
Equipment			62						7		69	
Furniture									31		31	
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food												
Other (specify)												
All Consumable			1,002								1,002	
6. Contract Services (Specify)												
Medicaid Payments												
7. Travel & per diem			169								169	
TOTALS			6,077						1,478		GRAND TOTAL 7,555	
Grand total amounts from each source:			6,077						1,478			

IX. NOTES ON KEY PROGRAM IMPLEMENTATION FACTORS

The Program Administrator felt that one problem with the planning process was the lack of time available for preparing a proposal. It was felt that more planning time with the community agencies would have been valuable. For example, the Administrator felt that it would have been extremely helpful to develop a recreation program for the total family. This was not possible with the amount of time that was available.

Another weakness voiced was the fact that more centers were not planned for other areas of the county. Since the target area was so large, the original center was not convenient to all families. More centers would have alleviated this problem. (Two more centers were eventually added during the development phase.) The problem was a function of not having or not planning to have adequate numbers of staff to handle more centers.

Another weakness that was expressed was the lack of staff members with social service and early childhood education backgrounds to coordinate the total program from its inception. The Administrator said she would still hire the majority of the staff from within the program, but if she had to implement a similar program again, she would hire some people from the outside with social service and early childhoood expertise. The Administrators pointed out that she constantly has to keep in mind the areas of staff expertise and limitations, constantly remind the staff of this, and remind them to use agencies and community resources especially when dealing with multiproblem families.

On the other side of the coin, the major strength voiced by staff regarding the planning process was the cooperation of the community agencies. The fact that the Task Force was chartered by the County Commissioners and its members were the Executive Directors of the agencies who could implement the decisions made at the meetings was felt to be extremely beneficial.

The staff felt that another factor in their success was the use of centers to coordinate the delivery of county services. Parents could come to the CFRP centers for vocational training and bring their children with them. It was planned that parents would work on some craft while the children would play various games in the same large room. These parents and children would have lunch together. In this way, the CFRP tried to develop a family atmosphere and tried to strengthen family ties. At the centers, representatives of the community agencies would provide the various services to families as prescribed by the needs assessment. This had the effect of coordinating the delivery of resources under one roof as opposed to having to transport families between agencies located in separate facilities. It also removed the stigma of having to visit such places as the mental health clinic, the welfare office, etc., which families tried to avoid.

A major strength of the Potteville CFRP is the cooperation which exists between community agencies. One of the Potteville CFRP goals is to enlist and maintain agency cooperation. Due to the communication network set up in the task force, agencies share an understanding of their individual capabilities and time limits and avoid a duplication of efforts.

Another strong point is the cooperation among staff members. Staff assistance is provided on an "as needed" basis and program responsibilities are shared. Staff members also have a good rapport with the families, maintained through personal and informal contacts. These liaisons improve program participation and encourage trust.

Program expansion to several centers helped to alleviate the transportation problem. Families are encouraged to attend center functions and bring their children. The addition of the home-based component has extended the CFRP program into the home. In this way, CFRP reaches more families.

Many community based companies donate supplies for use in the CFRP centers. These supplies are used for the vocational education programs. Volunteer time is also used to enhance the CFRP center programs and gives the CFRP staff more time for specific job responsibilities.

One of the major problems confronting the CFRP staff is getting the community to understand the concept of CFRP. Social service staff still strive to find useful methods to gain family confidence and explain the program in terms that are understandable to the families.

Community agency representatives expressed a need for a stronger feedback system. Family workers are not always aware of recommendations made by the agencies in the assessment teams since they are not involved in presenting the family cases to the assessment teams. This breakdown in communication was discussed by the task force and efforts are being made to solve the problem.

The task force is also working on a decision regarding task force membership. Several volunteer, non-profit agencies want to join the task force, and present members are afraid that the group will become too large to be effective if all agencies are accepted as full voting members. An alternative being considered is to accept them as associate members.

Program facilities are presenting a problem. The Necho Allen Hotel affords a small amount of space for a large staff. Small rooms are used for several staff members. The Resource Coordinator also mentioned that educational facilities are not readily available for career training.

The program is finding it difficult to coordinate school linkage efforts. The

CFEP Coordinator stated that there is a need for better cooperation between the CFEP staff and the school administration in helping the children make a smooth transition from preschool to the elementary school.

In summary, CFEP staff members all agreed that the major strengths of the Putteville CFEP are:

- strong agency ties
- good lines of communication among staff
- use of centers to coordinate the delivery of services.